

DEPARTMENT OF HEALTH SERVICES

**MEDI-CAL BENEFITS BRANCH
MEDI-CAL POLICY DIVISION
714/744 P Street, Room 1640
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-1460**



March 3, 2000

PPL No. 00-004

TO: All Local Educational Consortias (LEC)
Local Governmental Agencies (LGA)
Medi-Cal Administrative Activities (MAA) and
Targeted Case Management (TCM) Coordinators

**SUBJECT: DEADLINE FOR 1999/00 TARGETED CASE MANAGEMENT (TCM)
CLAIMS**

The purpose of this transmittal is to inform all Local Governmental Agencies (LGA) participating in the TCM program which is administered by the State Department of Health Services of the due dates for TCM claims. These deadlines are for claims with **original** and **resubmitted** encounters. Claims received after these deadlines may result in a loss of federal financial participation.

Claiming Period

1st Qtr 1999/00
2nd Qtr 1999/00
3rd Qtr 1999/00
4th Qtr 1999/00

Due Date

June 1, 2000
September 1, 2000
December 1, 2000
March 1, 2001

When submitting claims, each diskette must be accompanied by the corresponding invoice(s). Diskettes must be labeled with the LGA's name and the invoice number(s). Diskettes received without corresponding invoices will be immediately returned to the submitting LGA without being processed. When submitting your invoices, please submit an original invoice and one copy. Claims should be mailed to:

Department of Health Services
Administrative Claiming Unit
Attn: Ms. Alice Childress
714 P Street, Room 1640
P.O. Box 942732
Sacramento, CA 94234-7320

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If you have any questions, please contact me at (916) 657-0627.

Sincerely,

Original signed by D. Mitchell

David Mitchell, Chief

cc: Ms. Cathleen M. Gentry
TCM/MAA Consultant
455 Pine Avenue
Half Moon Bay, CA 94019

Ms. Patricia Kinney, Chief
Federal Liaison Unit
714 P Street, Room 1140
Sacramento, CA 95814

Ms. Mickey Ritchie
Local Liaison
Office of the Director
714 P Street, Room 1253
Sacramento, CA 95814

Mr. Larry Lee
Accountant
Division of Medicaid
801 I Street, Room 210
Sacramento, CA 95814